

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8825	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name CHRISTOPHER - DURHAM P.O. Box Bldg Room No. if any Street 1024 ALCO DRIVE City COLLINSVILLE State ILLINOIS ZIP Code + 4 62234	4 Name file number and address of labor organization Name AMERICAN FEDERATION OF MUSICIANS Labor Organization File Number 000207 P.O. Box Building and Room Number if any Street 1501 BROADWAY Ste 600 City NEW YORK State NEW YORK ZIP Code + 4 10036
5 Position in labor organization EMPLOYEE	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No. if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount
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Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing

CHRISTOPHER DURHAM

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SCRIPTrade Name if any 70 HOLY CROSS CHURCH

P O Box Bldg Room No if any

Street 413 SOUTH SEMINARYCity COLLINSVILLEState ILLINOIS ZIP Code + 4 62234

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

I PURCHASE TRAVEL VOUCHERS FROM SCRIP WHICH I THEN USE ON A DOLLAR FOR DOLLAR BASIS TO PURCHASE AIRLINE TICKETS FOR TRAVEL ON AFM BUSINESS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

FOR EVERY DOLLAR OF TRAVEL VOUCHERS I PURCHASE FROM SCRIP A PERCENTAGE IS REBATED TO SCRIP AND A PERCENTAGE (TOTALING \$1,200.00 IN 2005) IS CREDITED TO MY SON'S TUITION AT HOLY CROSS SCHOOL.

12 b Amount

\$1,200.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment